

EFSHT Hand Therapist Profile

The EFSHT Education Committee views this document as a position and standards paper with regard to the qualification of Hand Therapy as a speciality area of practice.

The paper represents the initial step in the EFSHT's intention to devise a European Hand Therapy accreditation. It sets out to establish a hand therapist profile on the basis of which minimal standards of practice are defined. These form the basis of the body of knowledge which ultimately leads to the accreditation conferred by the EFSHT. The title of the accreditation is "European Certified Hand Therapist" (ECHT).

Acknowledgement

The EFSHT Education Committee would like to extend their thanks to colleagues of the Education Committee of the Netherlands. This document is based largely on original work carried out by them as set out in the paper: "Handtherapist Profile, NGHT, Concept April 2005. Committee of Advanced Education / Commissie Deskundigheidsbevordering.

N:B. Throughout the text the term "Upper Extremity" will be used to include: hand, wrist, elbow and shoulder girdle.

Also "Upper extremity disabling conditions" will cover: illness, disorder, dysfunction, disease, injury trauma, congenital or acquired deformity.

European Federation of Societies for Hand Therapy (EFSHT): Hand Therapist Profile

1 Introduction to the EFSHT

The European Federation of Societies for Hand Therapy (EFSHT) was founded in 1989 when representatives from six European countries came together to discuss issues relating to hand therapy rehabilitation. There are now fifteen full member countries and six corresponding countries that are represented within the EFSHT. The EFSHT currently organises one scientific meeting every three years. Representatives from the member countries meet annually to discuss issues and plan for the future. Multiple publications on the subject of Hand Therapy are published in journals of individual countries in Europe. The British Journal of Hand Therapy is also the European Journal of Hand Therapy.

The purpose of the EFSHT is to encourage high standards of care, education and research within the field of hand therapy. Its objective is also to spread information about hand therapy practice across Europe.

Currently, working practice within this speciality differs widely throughout Europe and the EFSHT aims to establish common standards of working practice. Many member countries have their own Hand Therapy societies and the EFSHT plans to work with these societies in an attempt to establish a recognised European Standard for Hand Therapy practice. This should lead to the award of "European Certified Hand Therapist (ECHT)" being presented to Hand Therapists who have proven their clinical knowledge and skills and achieved the required standards to be discussed and laid down in this, and future, documents.

The aim of the EFSHT is to establish common pathways of care for hand rehabilitation. It is hoped that the establishment of the European Certified Hand Therapist will enhance this aim, by encouraging experienced therapists to continue post graduate education in this specialised field.

1.1 Introduction to Hand Therapy

Hand therapy is the art and science of rehabilitation of the upper extremity of the human body. It has become a specialisation for occupational therapists (OT) and physiotherapists (PT) in theory and practice, combining a comprehensive knowledge of both the anatomy and function of the upper extremity and conceptual issues involved in rehabilitation.

Improved surgical techniques enable greater functional restoration of injured and diseased extremities, however, their management requires a skilled and knowledgeable approach. Hand therapy developed as a response to dealing with advanced problems of dysfunction of the upper limb and diseases of the upper extremities. The specialty of hand therapy emerged from a combining of these two professions (OT) and (PT). Interdisciplinary rehabilitation has replaced the traditional boundaries between the two professions and it is felt that joint professional team work between OT, PT and other members of the rehabilitation team is the approach of choice for dealing effectively and efficiently with the complex issues arising in hand rehabilitation.

Hand therapists are qualified occupational therapists or physiotherapists who, through advanced continuing education, clinical experience and independent study have gained proficiency in the treatment of pathological upper extremity conditions resulting from trauma, disease, or congenital or acquired deformity. The purpose of a hand therapist is to promote

the goals of restoration and maintenance of functioning and prevention of dysfunctioning for individuals with upper extremity disabling conditions.

1.2 The current European situation with regard to Hand Therapy

At the present time, it is common practice in Europe that all registered OT's and PT's are allowed to treat patients with upper extremity problems, although the skills required for initiating and carrying out the appropriate treatment following loss of function in the hand after surgery, injury or other disorders are manifold. Some European countries have started to develop core skills and standards identified as being necessary for a Hand Therapist. These vary greatly at the moment due to the different working practices across the countries and examples of this can be found in the appendix (*It is recommended that an appendix describing briefly the working practice of each country and their development with regard to HT education be attached to this document*).

One of the primary aims of the EFSHT is to establish an award of "European Certified Hand Therapist". Physio- or Occupational Therapists holding this award can be distinguished from their colleagues working routinely with upper extremity patients. The EFSHT recognises that across Europe it is not feasible that all patients with hand injuries and illnesses are treated exclusively by European Certified Hand Therapists. The aim of this qualification is to provide a medium for quality assurance and a clinical ladder for practicing therapists. Through the development of a network of Certified Hand Therapists the EFSHT also hopes to establish a network of experienced clinicians than can mentor less experienced therapists from other countries as they enter this area of specialisation.

1.3 Clinical settings

Throughout Europe work settings for Occupational and Physiotherapists vary. In general a hand therapist can work in almost all areas of health care, for example in general hospitals, university hospitals, private practices, rehabilitation centres or nursing homes. The hand therapy team can include the following professions: the hand therapist/OT and hand therapist/PT, hand surgeon, plastic surgeon, rehabilitation physician, orthopaedic surgeon, general surgeon, social worker, and psychologist. Within certain settings there are specific hand teams, often organised around conditions such as the traumatic hand injuries, neurological or rheumatological hand conditions. The EFSHT aim to identify core skills and set standards that are attainable for all experienced therapists whatever their clinical setting.

2 Basic Assumptions

The EFSHT considers that an European Certified Hand Therapist:

- ∅ is a qualified occupational or physiotherapist who, through advanced continuing education, clinical experience and independent study, has become specialised in the treatment of pathological upper extremity disabling conditions which have resulted from trauma, disease, congenital or acquired abnormality
- ∅ recognises the components of health according to the conceptual model of the International Classification of Functioning, Disability and Health – ICF, (WHO 2001) and adopts a biopsychosocial perspective towards the treatment and management of the hand and upper extremity conditions and, therefore,
- ∅ focuses on the following domains in his/her practice:

Body functions (including for example, the constructs: motion, sensation, strength, proprioception co-ordination, etc) and *body structures* (ligaments, tendons, muscles, skin, etc) of the hand and upper quarter – and impairments thereof.

Upper extremity functioning (activity level). In our society people value the use of their hands and any limitation of function can have a devastating effect on their lives. It is important, therefore, to consider whether patients can carry out the tasks and activities that are of importance to them in their daily lives.

Social consequences (participation level). Rehabilitation ultimately aims at restoring a person's participation in society by removing those obstacles that restrict participation.

Contextual factors. A patient's functioning and disability is conceived as a dynamic interaction between their health condition (disease or injury) and *personal and environmental factors* that interact with all the components of functioning, and have either a facilitating or hindering impact on the process of care and rehabilitation outcome.

- ∅ works with the patient in different situations to provide a continuum of care. This often starts within days of the injury or surgery, right through to the patient's return to work and/or a productive lifestyle.
- ∅ understands that the interests and needs of the patient and his/her family play a central role in hand therapy. Hand therapy promotes a patient-oriented, interdisciplinary treatment approach. In a patient-oriented approach, patients and therapists work together to define the nature of the problems that prevent their satisfactory involvement in their individual life situation; the focus and need for treatment and the preferred outcomes of therapy. Therefore, attention must be paid not only to impairments but also to limitations in activities that are of value to the patient and aspects of his/her vocational participation. Patients with hand injuries may be seen by a number of professionals (surgeons, rehabilitation doctors, neurologists, psychologists, social workers etc.), therefore it is of the utmost importance that treatment aims be adopted by the entire hand rehabilitation team and that interventions are well co-ordinated within the professions.
- ∅ is able to interpret and apply clinical research and outcome studies in their daily practice

3 Clinical Practice

3.1 Diagnoses

The EFSHT expects that:

A European Certified Hand Therapist is proficient in assessing, treating and evaluating the outcomes of treatment of individuals with diagnoses related to the upper extremity. These must include a selection of the following diagnostic groups:

- amputations
- central nervous system disorders as they relate to the upper extremity
- congenital abnormalities/anomalies
- cumulative trauma disorders/repetitive stress injuries
- Dupuytren's contracture
- fractures/dislocations/joint instabilities
- infections
- inflammatory and degenerative arthritis
- multiple system trauma
- nail bed injuries
- pain-related syndromes
- peripheral nerve compression and disease
- peripheral nerve injuries

- post-mastectomy/post-radiation lymph oedema
- psychogenic disorders involving the upper quarter
- soft tissue injuries
- tendon injuries and disorders
- thermal injuries
- tumours and cysts
- vascular disorders

3.2 Clinical conditions

Patients may be referred to a hand therapist for conservative treatment of these conditions or following a variety of medical or surgical interventions. A European Certified Hand Therapist must demonstrate skills and knowledge within a range of these conditions including:

- amputation (revision)
- arthroplasty
- arthrodesis
- fasciectomy/fasciotomy
- fracture fixation/bone graft
- ganglionectomy
- injections
- joint reconstruction
- joint stiffness / release
- joint synovectomy
- ligament repair
- nail bed repair
- nerve blocks/sympathectomies
- nerve decompressions
- nerve grafts/nerve repairs
- neurolysis
- replantation/re-vascularisation
- scar revisions
- skin grafts/flaps
- soft tissue releases
- tendon grafts/tendon repairs
- tendon transfers
- tenolysis
- tenosynovectomy
- tissue transfers

4 Therapeutic Intervention

A European Certified Hand Therapist recognises that the key principles of hand therapy are dependent upon:

- early intervention
- regular and timely, sometimes highly intensive interventions
- a holistic, patient-oriented approach
- sound interdisciplinary teamwork
- effective rehabilitation management
- professional education and life-long learning

4.1 Purpose

Specifically, the Accredited European Hand Therapist (AEHT) needs to show evidence of and reflect on their ability to:

- assess and evaluate relevant patient characteristics of the upper extremity

- develop treatment techniques
- develop and implement treatment and discharge plans
- organise and manage population-based services
- promote professional practice.

4.2 Implementation of treatment plans

The ability to treat patients utilising a variety of techniques and tools must be illustrated. This may include:

- activity
- adaptive/assistive devices
- training in activities of daily living (ADLs)
- behaviour management
- compressive therapy
- desensitisation
- electrical modalities
- ergonomic modification
- exercise
- manual therapy
- patient and family education
- prosthetics
- sensory re-education
- splinting
- standardised and non-standardised assessment tools
- strengthening
- thermal modalities
- vocational assessment
- work hardening/retraining
- wound care/dressings.

5 Toward the Award! Basis of the Curriculum?

The foundation of hand therapy is composed of a comprehensive understanding of the following competencies:

- anatomy and physiology of the skin/connective, muscular, skeletal, nervous, and vascular/lymphatic systems
- behavioural science, and psychological reactions to injury/disease
- etiology and pathology of medical conditions
- evidence based treatment methods, techniques, and tools
- expected functional outcomes of treatment
- expected physiological and psychological effects of treatment procedures
- health and safety techniques and procedures (e.g., infection control, emergency procedures, practitioner safety, environment).
- kinesiology and biomechanics
- physical properties/modalities (e.g., heat, water, light, electricity, and sound)
- posture and pathomechanics
- professional codes of ethics
- regulatory and legal guidelines
- research design and statistics
- resource management
- safe and appropriate use and maintenance of equipment and assistive devices
- standardised and non-standardised assessment tools
- surface anatomy
- surgical and medical treatment of conditions
- treatment rationale, indications and contraindications

- understanding of the WHO “Internal Classification of Functioning, Disability and Health (ICF)”
- wound healing

Furthermore, European Certified Hand Therapist will have demonstrated to the EFSHT a high level of competence and a contribution to the field of Hand Therapy. The therapist will also show an advanced level of professional knowledge of the anatomy and physiology of the upper extremity, plus advanced clinical skills and knowledge about upper extremity rehabilitation during completion of clinical experience, post graduate education and independent study. He/she will have a minimum of 5 years of clinical experience, including 2000 hours or more in direct practice in hand therapy and be able to demonstrate learning and reflection on their clinical practice. The award will be valid for 7 years after which the therapist can then apply for re-certification.

6 Promotion of professional practice

The European Certified Hand Therapist must demonstrate the maintenance of high ethical and legal standards in their daily practice. Evidence of the participation in evidence-based (i.e., scientifically based, outcome-based) clinical practice is essential to achieving this award.